



Missouri Pharmacy Program – Preferred Drug List



Macrolides

Effective 05/25/2005

Revised 01/04/2006

Preferred Agents

- Erythromycin Stearate
- Erythrocin Stearate
- Erythromycin Base
- Erythromycin Estolate
- Erythromycin Ethylsuccinate
- Erythromycin ES 400
- Erythromycin w/ Sulfisoxazole
- Ery-Tab®
- P.C.E.®
- Zithromax®
- Biaxin®
- Biaxin XL®
- Azithromycin

Non-Preferred Agents

- Eryc®
- E-Mycin®
- E.E.S. 400®
- ZMax®
- Clarithromycin
- Eryped®
- Eryped® 200
- Eryped® 400

Approval Criteria

- ! Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- ! Documented ADE/ADR to preferred agents.
- ! Documented compliance on current therapy regimen.

Denial Criteria

- ! Lack of adequate trial on required preferred agents.
- ! Therapy will be denied if no approval criteria are met.
- ! Drug Prior Authorization Hotline: (800) 392-8030.